



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



32nd DIRECTING COUNCIL

39th SESSION OF THE REGIONAL COMMITTEE

Washington D.C., 21-25 September 1987

RESOLUTION

CD32.R10

EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION

THE 32nd DIRECTING COUNCIL,

Having examined the document presented by the Director on the progress of the Emergency Preparedness and Disaster Relief Coordination Program (Document CD32/13), together with the conclusions of the meeting on International Health Relief Assistance held in Costa Rica in March 1986;

Considering Resolutions X, XXXVI, XL, and XXIII of the XXIV, XXVI, XXVII, and XXXI Directing Council Meetings, respectively, on the Emergency Preparedness and Disaster Relief Coordination Program;

Convinced that, although the health preparedness activities of the countries affected by earthquakes and volcanic eruptions in 1985–1987 have contributed to minimize the loss of human lives and to improve the coordination of relief assistance from the international community, additional efforts are required from the governments of disaster-prone countries to increase their level of readiness; and

Concerned that the prompt and generous assistance provided to disaster-stricken nations by other Member Countries and by the international community be more attuned to the actual health needs and priorities,

RESOLVES

1. To thank the Director of the Pan American Sanitary Bureau for the progress report on the Emergency Preparedness and Disaster Relief Coordination Program and to endorse the recommendations approved at the Meeting on International Health Relief Assistance, held in San José, Costa Rica, 10–12 March 1986, included in Document CD32/13, particularly those recommendations regarding the need for all potential donors to consult with the health authorities of the affected country before sending health relief assistance and the need to place priority on cooperation between neighboring countries whenever additional medical personnel or resources are needed for disaster management.

2. To urge Member Countries:

a) To strengthen their health emergency preparedness programs prior to a disaster by allocating the necessary personnel and budget, to the extent possible, according to the vulnerability of the country to natural disasters, chemical or nuclear accidents, or other emergency situations likely to affect the public health;

b) To attach the highest priority to the rapid and objective assessment of health needs following a sudden disaster, and to notify PAHO promptly of the results.

3. To request the Director, within available resources:

a) To strengthen technical cooperation with Member Countries for the development of their health emergency preparedness programs and for the assessment of their health needs in the case of a disaster;

b) In response to the need for disaster relief, to disseminate to potential donors, Member Countries and others, in consultation with the health authorities of a disaster-affected country and in coordination with WHO and with the Office of the United Nations Disaster Relief Coordinator (UNDRO), timely and authoritative information indicating the type of health assistance that may be appropriate, as well as that which is considered unnecessary or counterproductive;

c) To disseminate widely the recommendations approved at the San José Meeting on International Health Relief Assistance.

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